This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

<b>STATEM</b>	ENT	OF ACCOUNT	FOR COPYRIC	<ul> <li>Return completed workbook by email to</li> </ul>					
		ransmissions by	DATE RECEIVED	AMOUNT	_				
	-	Short Form)			<u>coplicsoa@copyright.gov</u>				
	(			\$	For additional information,				
General instru	uctions	s are located	03/01/2022		contact the U.S. Copyright Office Licensing Division at				
in the first tab	of this	s workbook.	00/01/2022	ALLOCATION NUMBER	(202) 707-8150.				
					_				
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))					
			_						
		2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
			1						
			1						
		20212	Barcode Data Filing Period (optional	- see instructions)					
Accounting									
Period									
		Instructions:							
В		of the subsidiary, not that of the parent of		idiary of another corporation, give the full corp	lorate title				
Owner		List any other name or names under which	h the owner conducts the business of	the cable system.					
		List any other name or names under which the owner conducts the business of the cable system.							
		If there were different owners during the single statement of account and royalty f		the last day of the accounting period should su nting period.	ibmit a				
		Check here if this is the system's first filin	g If not enter the system's ID number	assigned by the Licensing Division	002912				
			g. in hot, enter the system s ib humber	assigned by the licensing bivision.					
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM						
		CEQUEL COMMUNICATIONS LLC							
		BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT	Γ)					
		SUDDENLINK COMMUNICATIONS							
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM						
		3027 S SE LOOP 323							
		(Number, street, rural route, apartment, or suite n	umber)						
		City, town, state, zip)							
С				ntify the business and operation of the					
	name	names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B							
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		SPIRO, OK MAILING ADDRESS OF CABLE SYSTEM	:						
	_								
	2	(Number, street, rural route, apartment, or suite n	umber)						
		(City, town, state, zip code)							
	1								

Privacy Act Notice: Section 111 of little 17 of the United States Code autorizes the Copyingti Office to collect the personally identifying information (PII) requested on thit form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	002912
D	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that ye as the "first community." Please use it as the first community on all future filin Note: Entities and properties such as hotels, apartments, condominiums, or mo	ted communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known gs.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	SPIRO	ОК
Community	LEFORE COUNTY(PORTION)	OK
dd Rows as Necessary		
au nows as necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						TEM ID
	CEQUEL COMMUNICAT	TIONS LLC							00291
-	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCRI	BERS AND R	ATES				
E	In General: The information in s	•		-		•			
0	system, that is, the retransmission								
Secondary Transmission	about other services (including particular about other services (including particular about the second particular						nose exis	ting on the	
Service: Sub-	Number of Subscribers: Bot						ole system	ı, broken	
scribers and	down by categories of secondar	y transmission	service.	. In general, yo	ou can con	npute the numbe	er of subsc	ribers in	
Rates	each category by counting the n							s charged	
	separately for the particular serv Rate: Give the standard rate of					•	,	ge and the	
	unit in which it is generally billed	•	-	•				-	
	category, but do not include disc						o within a	particular fate	
	Block 1: In the left-hand block					condary transmis	sion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. <b>Not</b> categories, that person or entity			-		-			
	subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t						,.		
	with the number of subscribers and rates, in the right-hand block. A two- or three-word descrip sufficient.							service is	
		OCK 1					BLOCK	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI	ERS	RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:				0,111			CODOCIADEIRO	
	Service to first set		128	34.99					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		4	45.95					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				-		tom'a con	visco that ware	
F	In General: Space F calls for ra not covered in space E, that is, t		,		•				
-	service for a single fee. There a					,	,		
Services	furnished at cost or (2) services	or facilities furr	nished to	o nonsubscribe	ers. Rate i	nformation shoul	d include	both the	
Other Than	amount of the charge and the un		usually	billed. If any ra	ates are cl	harged on a varia	able per-p	rogram basis,	
Secondary Transmissions:	enter only the letters "PP" in the		he cable	a system for e	ach of the	applicable servin	nas listad		
	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not								
Rates	listed in block 1 and for which a								
Rates	brief (two- or three-word) description and include the rate for each.								
Rates	brief (two- or three-word) descrip		BLOCK 1						
Rates	brief (two- or three-word) descri	BLO						BLOCK 2	
Kates	CATEGORY OF SERVICE	BLO	CATEG	ORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
Rates	CATEGORY OF SERVICE Continuing Services:	BLO	CATEG Installa	tion: Non-res		RATE	CATEG		RATE
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO	CATEG Installa • Mot	tion: Non-res		RATE	CATEG		RATE
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO	CATEG Installa • Mot • Cor	i <b>tion: Non-res</b> el, hotel nmercial		RATE	CATEG		RATE
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO	CATEG Installa • Mot • Cor • Pay	<b>ition: Non-res</b> el, hotel nmercial r cable	idential	RATE	CATEG		RATE
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLO	CATEG Installa • Mot • Cor • Pay • Pay	ition: Non-res rel, hotel nmercial / cable / cable-add'l ch	idential	RATE	CATEG		RATE
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOO RATE	CATEG Installa • Mot • Cor • Pay • Pay • Fire	tion: Non-res rel, hotel nmercial r cable r cable-add'l ch protection	<b>idential</b> nannel	RATE	CATEG		RATE
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLO( RATE - - - 99.00	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	tion: Non-res itel, hotel nmercial cable cable-add'l ch protection glar protection	<b>idential</b> nannel	RATE	CATEG		RATE
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOO RATE	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	tion: Non-res rel, hotel nmercial cable cable-add'l ch protection glar protection services:	<b>idential</b> nannel		CATEG		RATE
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLO( RATE - - - 99.00	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur • Cother s • Rec	ation: Non-res rel, hotel nmercial cable cable-add'l ch protection glar protection services: connect	<b>idential</b> nannel	RATE 40.00	CATEG		RATE
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLO( RATE - - - 99.00	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur • Cother s • Reco • Disc	tion: Non-res rel, hotel nmercial cable cable-add'l ch protection glar protection services: connect connect	<b>idential</b> nannel	40.00	CATEG		RATE
Rates	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLO( RATE - - - 99.00	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Disc • Out	ation: Non-res rel, hotel nmercial cable cable-add'l ch protection glar protection services: connect	idential nannel		CATEG		RATE

ounting Period: 2	2021/2			FORM SA1-2E. PAGE 3			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
	CEQUEL COMMUNIC	ATIONS LLC		002912			
	PRIMARY TRANSMITTERS:	TELEVISION					
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on <b>Column 2:</b> Give the channo of license. For example, WI <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these to <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-t ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain sta- arried by your cable system on a sub- the Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepen- pr "E-M" (for noncommercial education actions in the paper SA1-2 form. the community to which the station	ime basis under ams [sections tions carried on a postitute program Log)—if the p on some other ions. PN, etc. Identify each port multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the			
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF						
	KAFT-1	9	E	FAYETTEVILLE, AR			
			<b>–</b>				
	KETA 1	12	E				
	KETA-1	13	E	OKLAHOMA CITY, OK			
Rows as Necessary	KFSM-1	5	E	FORT SMITH, AR			
Rows as Necessary	KFSM-1 KFTA-1	5 24	N 1	FORT SMITH, AR FORT SMITH, AR			
Rows as Necessary	KFSM-1 KFTA-1 KHBS-1	5 24 40	N     	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR			
Rows as Necessary	KFSM-1 KFTA-1 KHBS-1 KHBS-2	5 24 40 40.2	N        -M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR			
Rows as Necessary	KFSM-1 KFTA-1 KHBS-1 KHBS-2 KNWA-1	5 24 40	N     	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR			
Rows as Necessary	KFSM-1 KFTA-1 KHBS-1 KHBS-2	5 24 40 40.2	N        -M	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR			
Rows as Necessary	KFSM-1 KFTA-1 KHBS-1 KHBS-2 KNWA-1	5 24 40 40.2 51	N I N I-M N	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR			
Rows as Necessary	KFSM-1 KFTA-1 KHBS-1 KHBS-2 KNWA-1 KTUL-1	5 24 40 40.2 51 8	N I N I-M N N	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR TULSA, OK			
l Rows as Necessary	KFSM-1 KFTA-1 KHBS-1 KHBS-2 KNWA-1 KTUL-1	5 24 40 40.2 51 8	N I N I-M N N	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR TULSA, OK			
l Rows as Necessary	KFSM-1 KFTA-1 KHBS-1 KHBS-2 KNWA-1 KTUL-1	5 24 40 40.2 51 8	N I N I-M N N	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR TULSA, OK			
l Rows as Necessary	KFSM-1 KFTA-1 KHBS-1 KHBS-2 KNWA-1 KTUL-1	5 24 40 40.2 51 8	N I N I-M N N	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR TULSA, OK			
l Rows as Necessary	KFSM-1 KFTA-1 KHBS-1 KHBS-2 KNWA-1 KTUL-1	5 24 40 40.2 51 8	N I N I-M N N	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR TULSA, OK			
I Rows as Necessary	KFSM-1 KFTA-1 KHBS-1 KHBS-2 KNWA-1 KTUL-1	5 24 40 40.2 51 8	N I N I-M N N	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR TULSA, OK			
I Rows as Necessary	KFSM-1 KFTA-1 KHBS-1 KHBS-2 KNWA-1 KTUL-1	5 24 40 40.2 51 8	N I N I-M N N	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR TULSA, OK			
I Rows as Necessary	KFSM-1 KFTA-1 KHBS-1 KHBS-2 KNWA-1 KTUL-1	5 24 40 40.2 51 8	N I N I-M N N	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR TULSA, OK			
I Rows as Necessary	KFSM-1 KFTA-1 KHBS-1 KHBS-2 KNWA-1 KTUL-1	5 24 40 40.2 51 8	N I N I-M N N	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR TULSA, OK			
I Rows as Necessary	KFSM-1 KFTA-1 KHBS-1 KHBS-2 KNWA-1 KTUL-1	5 24 40 40.2 51 8	N I N I-M N N	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR TULSA, OK			
I Rows as Necessary	KFSM-1 KFTA-1 KHBS-1 KHBS-2 KNWA-1 KTUL-1	5 24 40 40.2 51 8	N I N I-M N N	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR TULSA, OK			
I Rows as Necessary	KFSM-1 KFTA-1 KHBS-1 KHBS-2 KNWA-1 KTUL-1	5 24 40 40.2 51 8	N I N I-M N N	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR TULSA, OK			
I Rows as Necessary	KFSM-1 KFTA-1 KHBS-1 KHBS-2 KNWA-1 KTUL-1	5 24 40 40.2 51 8	N I N I-M N N	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR TULSA, OK			
I Rows as Necessary	KFSM-1 KFTA-1 KHBS-1 KHBS-2 KNWA-1 KTUL-1	5 24 40 40.2 51 8	N I N I-M N N	FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR TULSA, OK			

LEGAL NAME O								SYSTEM ID 00291
	t every radio s	tation ca	arried on a separate and discr enerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If signal, indicate	it is carried by monitoring, to prmation about rm. dentify the call state whether to the radio stat this by placing	y the sys be rece t the Co sign of he static ion's sig g a chec	II-Band FM Carriage: Under 0 stem whenever it is received a ived at the headend, with the pyright Office regulations on the each station carried. on is AM or FM. inal was electronically process k mark in the "S/D" column. ion (the community to which the	it the system's he system's FM ant his point, see pa his point, see pa sed by the cable s	eadend, and (; enna, during c ge (v) of the g system as a s	2) it can certain s leneral ir eparate	be expected, tated intervals. hstructions in the. and discrete	Primary Transmitters: Radio
	nadian stations	s, if any,	the community with which the	station is identif	ied).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2021/2						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					002912
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	ify every no	nnetwork televi	<i>sion program,</i> broadcast by	a distant sta	tion, that you	r cable syst	em carried on a
	substitute basis during the a							
Substitute	explanation of the programm				ne general ins	structions in t	he paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	<ul> <li>During the accounting per</li> </ul>		ur cable systen	n carry, on a substitute ba	sis, any nonr	network telev	vision progr	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comple	te the prog	ram
	log in block 2.	,	·	5 5	, ,		1 3	
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subs			ate line. Use abbreviations	wherever po	ossible, if the	eir meaning	is
	clear. If you need more spa							
	<b>Column 1:</b> Give the title period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			<i>"</i> ."				
				er "Yes." Otherwise enter " asting the substitute progr				
				he community to which the		censed by th	e FCC or, i	n
	the case of Mexican or Car		、	<b>,</b>		,	,	
			when your sys	stem carried the substitute	e program. Us	se numerals,	, with the m	ionth
	first. Example: for May 7 giv		o cubatituto pr	ogram was carried by your	cable sveto	m List tha ti		toly
	to the nearest five minutes.							itery
	stated as "6:00–6:30 p.m."		1 3	, , , , , , , , , , , , , , , , , , ,	-			
				n was substituted for progr				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976.		your system w			, and regulat		
								[
			E PROGRAM			N SUBSTIT		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCO 6. TII		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -		
						_		
			·					
							-	
						_		
							-	
			·		 			
1								

Accounting Period:	2021/2 FORM	I SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	002912
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the tota all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission sem (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form.         Gross receipts from subscribers for secondary transmission service(s)         during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	vice
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less. • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-mont	h
	accounting period is \$52.00.         Line 1. Royalty fee for accounting period         Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	_
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	_
	7. Multiply line 6 by .005 (enter figure here)	—
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	0.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	_
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00	<u> </u>
	6. Interest charge. Enter the amount from line 4, space Q, page 8	<u> </u>
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	<u> </u>
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u> </u>
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrigh See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information	

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: MUNICATIONS LLC				SYSTEM ID# 002912
M Channels	to its subscribers, 1. Enter the total system carried t 2. Enter the total on which the ca	, and (2) the cable system's t number of channels on which television broadcast stations number of activated channel ble system carried television	otal numb h the cabl s broadcas			9 56
N Individual to Be Contacted		BE CONTACTED IF FURTH		RMATION IS NEEDED (Identify an individual		
for Further Information	Name	RODNEY HASKINS			Telephone	(903) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, aparth TYLER, TX 75701 (City, town, state, zip)		number)		
	Email	RODNEY.HASI	KINS@A	TICEUSA.COM Fax (op	otional)	
O Certification	I, the undersigne     (Owner     (Agent     in lii     X     (Office	ed, hereby certify that (Check or r other than corporation or p of owner other than corpora ne 1 of space B and that the o er or partner) I am an officer (	one, <i>but or</i> partnershi ation or p wwner is no	ified and signed in accordance with Copyright y one, of the boxes.) b) I am the owner of the cable system as identifie intnership) I am the duly authorized agent of the t a corporation or partnership; or ation) or a partner (if a partnership) of the legal e	ed in line 1 of space	B; or system as identified
	• I have examined	e, and correct to the best of my	-	clare under penalty of law that all statements of e, information, and belief, and are made in good		in
				/s/ Alan Dannenbaum lectronic signature on the line above to certify this ature using an "/s/ signature" (e.g., /s/ John Smith		
		Typed or printed	I name:	ALAN DANNENBAUM		
		Title: (Title of o		ROGRAMMING		
		Date:		2/	1/2022	

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	0029
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statemen Concerning Gross Receipts Exclusio
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
X	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here       -         x 0.00274       -         Line 4 Multiply line 3 by 0.00274** and enter here       x 0.00274         in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6       \$         -       (interest charge)         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf.       For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	-
x	-
x	-
x	

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